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OGCC FORM 4



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OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

COLO. OIL & GAS CONS. COMM.

5. LEASE DESIGNATION AND SERIAL NO.

L-2595

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gebauer "A"

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Ruby

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA

Sec. 28-T2N-R54W

12. COUNTY
Washington

13. STATE
Colorado

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Phillips Petroleum Company

3. ADDRESS OF OPERATOR
P. O. Box 2920, Casper, Wyoming 82602

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 661' FSL & 1987' FEL
At proposed prod. zone

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4555' RKB

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)
REPAIRING WELL
ALTERING CASING
ABANDONMENT

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Date of work February 23, 1979 through November 1, 1979

SEE ATTACHED FOR COMPLETE DETAILS

DVR	<input checked="" type="checkbox"/>
POP	<input checked="" type="checkbox"/>
MM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
RLS	<input type="checkbox"/>
CGM	<input type="checkbox"/>

3 - Colo O&G CC, Denver, CO
1 - File

18. I hereby certify that the foregoing is true and correct

SIGNED D. Fisher TITLE Operations Superintendent DATE December 5, 1979

(This space for Federal or State office use)

APPROVED BY M. Rogers TITLE DIRECTOR O & G CONS. COMM. DATE DEC 6 1979

CONDITIONS OF APPROVAL, IF ANY:

H

file

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

COLO. OIL & GAS CONS. COMM.

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. L-2595
2. NAME OF OPERATOR Phillips Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2920, Casper, Wyoming 82602		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 661' PSL & 1987' PSL At proposed prod. zone		8. FARM OR LEASE NAME Gebauer "A"
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4555' NKB	9. WELL NO. 2
		10. FIELD AND POOL, OR WILDCAT Ruby
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 28-T2N-R54W
		12. COUNTY Washington
		13. STATE Colorado

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

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18. I hereby certify that the foregoing is true and correct

Original Signed By: D. J. FISHER TITLE Operations Superintendent DATE December 5, 1979

(This space for Federal or State/office use)

APPROVED BY [Signature] TITLE DIRECTOR DATE DEC 6 1979
O&G CONS. COMM.

CONDITIONS OF APPROVAL, IF ANY:

PJ 18